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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *N/A*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                   |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |
| Verified and Acknowledged       | <i>[Signature]</i> <i>[Initials]</i>  |
| Examiner's Signature            | Initials  |
| STATE OR COUNTRY                | SHEETS  |
| HONG KONG                       | DRAWING 2   |
| TOTAL CLAIMS 13                 | INDEPENDENT CLAIMS 2  |

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## TITLE

Methods and compositions for treating epilepsy

|                                |   |   |
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| FILING FEE<br>RECEIVED<br>1244 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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